

## OFFICE of VITAL STATISTICS

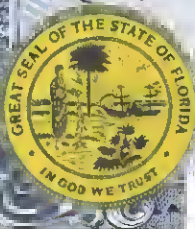
CERTIFIED COPY

2006-171502

LOCAL FILE NO. PRESUMPTIVE

## FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>SANDOR VARGA</b>		2. SEX <b>MALE</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>MARCH 3, 1955</b>	4a. AGE-Last Birthday (Years) <b>49</b>	4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____	5. DATE OF DEATH (Month, Day, Year) <b>MAY 26, 2006</b>
6. SOCIAL SECURITY NUMBER <b>594-17-2552</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>HUNGARY</b>	8. COUNTY OF DEATH <b>HILLSBOROUGH</b>	
9. PLACE OF DEATH (Check only one) HOSPITAL: _____ Inpatient _____ Emergency Room/Outpatient _____ Dead on Arrival NON-HOSPITAL: _____ Hospice facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <b>UNKNOWN</b>			
10. FACILITY NAME (If not institution, give street address) <b>NONE</b>		11a. CITY, TOWN, OR LOCATION OF DEATH <b>UNKNOWN</b>	11b. INSIDE CITY LIMITS? <b>UNKNOWN</b>
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married _____ Married, but Separated _____ Widowed _____ Divorced _____ Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>MARIA CARMEN VARGA</b>	
14a. RESIDENCE - STATE <b>FLORIDA</b>	14b. COUNTY <b>HILLSBOROUGH</b>	14c. CITY, TOWN, OR LOCATION <b>BRANDON</b>	
14d. STREET ADDRESS <b>318 LAKE DRIVE</b>		14e. APT. NO. <b>33510</b>	14f. ZIP CODE <b>33510</b>
14g. INSIDE CITY LIMITS? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> _____			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" <b>CONSTRUCTION</b>		15b. KIND OF BUSINESS/INDUSTRY	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White _____ Black or African American _____ American Indian or Alaskan Native (Specify tribe) _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Isl. (Specify) _____ Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? _____ Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American (Specify if decedent was of Hispanic or Haitian Origin.) _____ Other Hispanic (Specify) _____ Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) _____ 8th or less _____ High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED _____ College but no degree _____ College degree (Specify): _____ Associate _____ Bachelor's _____ Master's _____ Doctorate		19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> _____	
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>STEVE VARGA</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>MARIA VARGA (maiden name unknown)</b>	
22a. INFORMANT'S NAME <b>MARIA CARMEN VARGA</b>		22b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>	23a. INFORMANT'S MAILING - STATE <b>FLORIDA</b>
23b. CITY OR TOWN <b>BRANDON</b>		23c. STREET ADDRESS <b>318 LAKE DRIVE</b>	
23d. ZIP CODE <b>33510</b>			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>UNKNOWN</b>		25a. LOCATION - STATE <b>UNKNOWN</b>	25b. LOCATION - CITY OR TOWN <b>UNKNOWN</b>
26a. METHOD OF DISPOSITION _____ Burial _____ Entombment _____ Cremation _____ Donation _____ Removal from State <input checked="" type="checkbox"/> Other (Specify) <b>UNKNOWN</b>			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? _____ Yes _____ No		27a. LICENSE NUMBER (of Licensee) <b>N/A</b>	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>N/A</b>
28. NAME OF FUNERAL FACILITY		29a. FACILITY'S MAILING - STATE	
29b. CITY OR TOWN		29c. STREET ADDRESS	
29d. ZIP CODE			
30. CERTIFIER: _____ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) _____ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) <b>Claudia R. Isom</b>		31b. DATE SIGNED (mm/dd/yyyy) <b>11/14/2011</b>	32. TIME OF DEATH (24 hr.) <b>UNKNOWN</b>
33. MEDICAL EXAMINER'S CASE NUMBER <b>NONE</b>			
34a. LICENSE NUMBER (of Certifier) <b>134 CIRCUIT GROUP 15</b>		34b. CERTIFIER'S NAME <b>CLAUDIA R. ISOM, CIRCUIT JUDGE, HILLSBOROUGH COUNTY</b>	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE <b>FL</b>		36b. CITY OR TOWN <b>TAMPA</b>	
36c. STREET ADDRESS <b>800 E. TWIGGS STREET</b>		36d. ZIP CODE <b>33602</b>	
37. SUBREGISTRAR - Signature and Date <b>C. Meade Griggs</b>		38a. LOCAL REGISTRAR - Signature <b>C. Meade Griggs</b>	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>02-09-2012</b>			



WARNING:

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DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



Date Issued: FEB 15 2012

C. Meade Griggs, State Registrar